

*1032*  
*5/24/06*

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DATA EXCHANGE PROCESS AND  
DEVICE  
Attorney Docket Number:: 0657-1004  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 6  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ALAIN JEAN-JACQUES  
Middle Name::  
Family Name:: MOLINIÉ  
Name Suffix::  
City of Residence:: CASTELNAU-LE-LEZ  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 210, CHEMIN DE LA ROCHEUSE  
Address::  
City of Mailing Address:: CASTELNAU-LE-LEZ  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-34170

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC HENRI  
Middle Name::  
Family Name:: LAVIGNE  
Name Suffix::  
City of Residence:: SAINT-AUNES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 171, RUE DES NORALES  
Address::  
City of Mailing Address:: SAINT-AUNES

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 34130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: VINCENT POL  
Middle Name::  
Family Name:: LECLAIRE  
Name Suffix::  
City of Residence:: MONTPELLIER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 69, RUE DES FAIENCERS  
Address::  
City of Mailing Address:: MONTPELLIER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-34070

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2006/000187	2/1/06

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	05 01060	2/1/05	Yes
FRANCE	05 03709	4/13/05	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::